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Ph.D. Synoptic Note

On

HEALTH AND WELLNESS AMONG WOMEN : A COMPARATIVE STUDY OF RURAL AND URBAN WOMEN IN VIJAYAPURA DISTRICT

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Introduction

Health is a resource of everyday life. Health is a fundamental human right recognized in a Universal Declaration of Human Rights (1948). WHO in 1948 defines health as – "The good health is a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity". Health is a resource of life but not the objective for living healthy. Health emphasizes social, personal resources and physical capacities. Health supports an individual function in society. Health is also defined as the ability of a body to adapt a new threats and infirmities. A good health is achieved by regular exercise, balanced nutrition and adequate rest. Good health is also referring to individuals emotional, social and psychological well-being.

WOMEN HEALTH AND WELNESS:

The coin has two faces: wellbeing and good health. People frequently enjoy good health, yet they do not always experience wellness in their daily lives. Typically, health involves elements of and access to medical care. But a person's mindset determines their level of wellness. Without a doubt, both men and women develop and grow in a nation. Women's health in good condition is a sign of human development. The health of women is a major factor in determining the basis of every household, family, community, and country as a whole. Women's health is therefore an essential component of every nation's total health system. Unfortunately, compared to men, women have less access to health care systems and services throughout their lifetimes. Girls and women are educated to accept discomfort and physical suffering as a characteristic of all women. She is given very little opportunity to communicate her illness. The unique health requirements of women are frequently ignored, and their illnesses and health issues are categorized as those that affect boys and men. More often in rural than urban regions, women's health is in appalling condition. Women in rural areas suffer more from a lack of care and health. The degree of an omen's healthiness has a significant impact on their general health. The majority of women in India suffer from mental disturbances, men's unwillingness to cooperate, domestic or physical violence, and most importantly, a sense of insecurity. In this context, an effort has been made to look at and analyze the health of women.

One of the primary demands that every human being has is good health. Instead of being merely the absence of disease, it is a positive condition of wellbeing. Everyone wants access to better healthcare. A person's primary requirement is good health. Health is influenced by not only medical treatment but also a person's total integrated societal development.

Health is more than simply being free from illness or infirmity; it is a state of whole bodily, mental, and social wellbeing. There are four main factors that affect health: genetics, diet, environment, and way of life. All other factors, excluding heredity, are under the individual's and the community's control. An important part of a country's economic prosperity is its health. The most important aspect of human life is health. Higher production is correlated with greater health. The growth and development of social, cultural, economic, educational, and environmental elements are all interrelated and have a role in the holistic process of health development. Healthy people are economically beneficial, progressive, and productive, making them a resource for the country. The quality of life will improve when citizen quality rises. The provision of good health to every individual is one of the main objectives of health organizations worldwide, and particularly in India. In India, state governments are primarily responsible for providing healthcare. However, the Union Government makes a significant contribution through grants and nationally funded health initiatives. In addition, there are organizations at the municipal and local levels that also offer health care services; however, their contributions are negligible compared to the large-scale private sector health care services.

A healthy woman is seen as the foundation of a strong nation, and vice versa. Long before women's development or feminist movements emerged in many regions of the world, the situation of women in human history received no appropriate consideration. Even their contribution to nation-building was unclear. According to historian Edward Shorter, between 1600 and 1900, women's health suffered greatly. Following the advent of feminist groups in the late 18th century, the European and Western governing forces realized the significance of women and began to consider women's rights. The care for a woman's reproductive health is one of the most critical aspects of her wellbeing. Equal access to comprehensive reproductive healthcare reduces morbidity and mortality, gives women and adolescents the power to choose the reproductive path

best suited to their needs and futures, and promotes the advancement of women in society. Poor reproductive health can have catastrophic effects on people and their families, as well as negative effects on the health care system, the economy, and society as a whole. Healthy sexuality, individuals, and families, as well as desired offspring and more ideal societal and economic results, are all influenced by reproductive health.3Reproductive health is an encompassing notion that, if pursued with all diligence, can make a significant contribution to both the welfare of women and the welfare of society.

Although women's health in general and reproductive health in particular have historically received less attention, in the late 19th century, the field began to draw the attention of policy makers, health activists, government and nongovernment stakeholders who worked together to frame policies, prepare programs, and spread the word about the significance of women's reproductive health around the world. Women's reproductive health is important and has to be looked for.

Statement of the problem

Health And Wellness Among Women : A Comparative Study of Rural And Urban Women in Vijayapur District

Review of literature

1) **Surya**, **Shivasakthimani, Muthathal S, and Prakash B (2021):** were carried out a study on reproductive tract infection among ever-married rural women in Kancheepuram district, Tamil Nadu. The women's activities in seeking medical attention reveal both the severity of the sickness in that community and the inadequacies of the medical centre. In Kancheepuram district, Tamil Nadu, this study examined how rural women in the reproductive age range sought medical attention for reproductive tract infections. This study employed a multi-stage random sampling procedure. According to the study, RTI is a prevalent complaint among women in rural regions. Regular health education about RTI should be given to these women to encourage them to seek the necessary treatment. The current study recommended that health education should focus more on reaching low-

income women and young adults to alleviate RTI symptoms, which may be an effective strategy to reduce the impact of RTI/STI in the area right away.

2) **Shikha Bhasin , Ankita Shukla, Sapna Desai(2020):** Focused on Services for women's sexual and reproductive health in India. Women's health policy in India has had a longstanding focus on maternal health and family planning. Recent policy has brought attention to the significance of increasing women's access to more comprehensive sexual and reproductive health services. However, very little national survey data analysis has been done to look at the current condition of treatment use, variation among states, and advancement over time. The findings revealed that 39% of women who reported symptoms of a reproductive tract infection looked for guidance or treatment. Since the last national survey, which was conducted ten years ago, there has been no change in the reported treatment-seeking by women in India. In India, reported symptoms and treatment-seeking ranged greatly, from 64% in Punjab to 8% in Nagaland, with no obvious geographical pattern emerging. In comparison to 11% in 2005–2006, 17% of symptomatic women sought services from the public sector. With significant state-by-state variance, 22% used the private sector. Treatment seeking was linked to age, greater education, higher household wealth, and having worked in the previous year, according to national multivariable logistic regression. For this investigation, they used data from the National Family Health Survey.

3) **Mukesh Hamal, Marjolein Dieleman, Vincent De Brouwere, Tjard de Cock Buning(2020):** They reported that in the study on Social determinants of maternal health. Maternal health remains a major public health problem in India, with large inter- and intra-state inequities in maternal health service use and maternal deaths. A framework provided by the Commission on Social Determinants of Health can be used to recognize structural and intermediary causes of health inequities, such as those affecting maternal health, and to comprehend how they are influenced. This framework may be useful for tackling maternal health disparities in India. Our review attempts to map and synthesize the research on social determinants influencing maternal health in India and comprehend their mechanisms of influence by utilizing a social determinants framework that is particular to maternal health.

According to the findings, the most significant structural determinants influencing maternal health service utilization and death in India were economic position, caste/ethnicity, education, gender, religion, and culture. The main intermediary factors were location, maternal age at childbirth, parity, and women's exposure to mass media. They also included maternal health messaging. The structural factors had an impact on the secondary factors that led to maternal health service usage or maternal death. In India, the maternal health system has become a significant and independent intermediary component of influence. The connections between health professionals and in larger societal contexts revealed power issues that resulted in unequal access to maternal healthcare for women from various socioeconomic categories.

4) **Maria Jessy Jose, Farah Naaz Fathima, Sincy Treesa Joseph, Aneurin Cornelius Fernandez (2019):** Has made a study on Knowledge regarding reproductive health among women of reproductive age group in three sub-centre areas of a primary health centre, Sarjapur, Bengaluru, Karnataka. They chose 345 females between the ages of 15 and 44. For this study, they employed the interview approach. Due to a lack of information about concerns related to reproductive health, women of childbearing age suffer from poor health in underdeveloped nations. The study's goal was to evaluate women's knowledge of reproductive health and the related sociodemographic characteristics. The findings indicated that women in rural regions who were of reproductive age lacked appropriate knowledge about reproductive health.

5) **Parisa Patel, Mahua Das & Utpal Das(2018):** In their study the perceptions, health-seeking behaviours and access of Scheduled Caste women to maternal health services in Bihar, India. Although it has been abolished, India's intricate system of caste stratification is still deeply rooted there. Low utilization of maternity healthcare facilities and poor maternal health outcomes among Scheduled Caste women indicate that they are one of the historically disadvantaged populations. Healthcare-related costs should no longer be a major obstacle thanks to important government initiatives that were implemented in 2005. By examining SC women's views, health-seeking practices, and access to maternal healthcare services in Bihar, India, this

article investigates the factors causing this poor utilization of maternal health services. SC women in Bihar were interviewed in semi-structured interviews. The findings indicated that SC women in Bihar may not receive equal access to maternity health services and may occasionally experience special discrimination. Research to improve postnatal care, a decrease in unauthorized payments to medical personnel, and upgrades to the ASHA program are among the recommendations made to increase the use of SC services.

6) **Niranjan Saggurti, Yamini Atmavilas, Akash Porwal, Janine Schooley(2018):** were carried out a study on Effect of health intervention integration within women's self-help groups on collectivization and healthy practices around reproductive, maternal, neonatal and child health in rural India. In order to encourage healthy habits for expecting mothers and their babies among the more socially and economically disadvantaged populations, this study analyzes an eight-session behaviour change health intervention using women's self-help groups. 545 SHGs were used in the pre-post quasi-experimental design. According to the findings, women from SHGs with health interventions were more likely to take contraceptives than controls over time. Have an institutional birth, use skin-to-skin contact, postpone bathing for three or more days, encourage timely breastfeeding exclusively, and administer age-appropriate vaccinations. Results show that MNCH structured participatory communication with women's groups enhances good health behaviours. Additionally, SHGs have a significant female audience and give young moms and expectant mothers a place to learn and practice healthy habits with the help of others, fostering social cohesion around health.

7) **Durai Vanitha , Shanthi Edward , Suresh Varadharajan , Muthuthandavan Anita Rani(2017):** Has made a study on A Community Based Study on Menstrual Disorders Among the Rural Women of Reproductive Age For women's sexual and reproductive health, menstrual health is essential. Changes in the typical menstrual cycles of women in the reproductive age group may have an impact on both physical and mental health. This study's methodology was cross-sectional. The average

participant age was 34.1 years, and 61% had graduated from high school. There were more women (76%) in the upper and medium socioeconomic classes. 44.8% of women were found to have menstrual disorders, on average. Oligomenorrhoea (12.1%) and dysmenorrhoea (22.7%) were more prevalent. Menstrual problems were protected from by education. Women with low socioeconomic position had a 1.8 times higher risk of developing dysmenorrhea. Oligomenorrhoea was linked to old age, anemia, and educational attainment. Menstrual issues affected 25.67% of women, who sought medical attention. The majority of people stayed out of the healthcare system for personal reasons, 36% were unaware they had disorders, and 40% didn't care. According to this study, women with lower levels of education were more likely to experience menstrual irregularities. Dysmenorrhea affected a sizable percentage of women in poor socioeconomic position. Women over the age of 35, those who are anemic, and those with education levels below high school were shown to be more likely to experience oligomenorrhea.

8) **Chandrashekhar B (2014):** Has investigated the Reproductive Health Problems of Women in Rural Areas. Women's health is a crucial component of every nation's total healthcare system. For this survey, 360 women were chosen. The woman serves as the engine that propels the family, society, and ultimately mankind. The health and nutritional status of women are inextricably linked to social, cultural, and economic factors that affect all aspects of their lives. This has implications not only for the women's well-being but also for the well-being of their children, the operation of their households, and the distribution of resources. It is regrettable to learn that Indian women have significant death rates, particularly throughout their reproductive years and during childhood.

Objectives

1) To find out the present health status and health practices of rural and urban women.
2) To study the health practices of women in relation their socio economic back ground.

3) To find out women s awareness about health programmers and approach to medical aid for different types of diseases.
4) To find out the wellness and awareness about health among rural and urban women.
5) To analyze the maternal and reproductive health status.

Need for the study

Health is the most important socio-economic aspect of every individual life. Health plays a very important role in the life of human beings. To know how work force and stress effected on women's health and know the health conditions of rural and urban women's in vijayapura district. What are facilities taken from government for women's health in the vijayapur district.

Universe / Sampling

For the present study the area is vijayapur district 400 samples from rural and urban areas will be selected on the bases of random sampling method. In this context the study of health and wellness among women : a comparative study of rural and urban women in vijayapur district is nedded.

Limitations

The present study has following limitatations.

1. This study is limited to the study of vijayapura district.

2. The study is limited to study of women.

Methodology:

The present study is intended to study the Health And Wellness Among Women : A Comparative Study of Rural And Urban Women in Vijayapur District .

For the present research work, the following methodology is adopted.

Interview Method

The research has chosen interview of data collection. It is a set of questions where respondents have given reactions on each questions. Each question was having options; which means it was consisted close ended.

Sources of Data:

The present study is based on both primary and secondary data and information is collected from both the sources. Both qualitative methods are quantitative methods are used to gather primary data is obtained from the respondents through personal interview schedule.

However, the secondary data like the books, journals, magazines, articles, government reports, government publication, and census report, annual reports, and district at glance, hand books, and documents related to topic have been used for the present study.

Chaptrization

1. Introduction
2. Reviews of literature
3. Research design
4. Data analysis
5. Findings ,summary and conclusion

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